## PART B - FEE(S) TRANSMITTAL

Complete and send APR 1 9 2004

this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

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20350

7590

02/18/2004

TOWNSEND AND TOWNSEND AND CREW, LLP TWO EMBARCADERO CENTER EIGHTH FLOOR SAN FRANCISCO, CA 94111-3834

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Lois M. Simon	(Depositor's name)
X Sunon	(Signature)
April 15, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/057,826	01/24/2002	Charles E. Tucker	021153-001400US	4198
		_		

TITLE OF INVENTION: PROCESS FOR THE PREPARATION OF NONRACEMIC SYN-1-(4-HYDROXY-PHENYL)-2-(4-HYDROXY-4-PHENYL -PIPERIDIN-1-YL)-1-PROPANOL COMPOUNDS

APPLN. TYPE	SMALL ENTITY	SMALL ENTITY ISSUE FEE PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1330	\$300	\$1630	05/18/2004	
EXAMINER		ART UNIT	CLASS-SUBCLASS	]		
CHANG, CELIA C		1625	546-217000	•		
			<del></del>			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

 $\ensuremath{\square}$  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1_	Townsend		ownsend and		
2	and	Crew	LLP		
- 3					

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

DSM Catalytica Pharmaceuticals. Inc. and

Greenville, NC

New York, NY int); Dindividual X corporation or other private group entity **Pfizer, Inc.**Please check the appropriate assignee category or categories (will not be printed on the patent);

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s)

A check in the amount of the fee(s) is enclosed.

10 Advance Order - # of Copies \_

Payment by credit card. Form PTO-2038 is attached.

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Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

Publication Fee

X Issue Fee

(Date) 4/15/2004

Joel G. Ackerman, Reg. #24,307

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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04/20/2004 EEKUBAY2 00000069 201430 10057826

01 FC:1501 1330.00 DA 02 FC:1504 300.00 DA 03 FC:8001 30.00 DA

PTO/SB/17 (10-03) FEE TRANSMITTAL Complete if Known Application Number 10/057,826 for FY 2004 January 24, 2002 Filing Date Effective 10/01/2003. Patent fees are subject to annual revision. First Named Inventor Tucker, Charles E. Celia Chang Applicant claims small entity status. See 37 CFR 1.27 **Examiner Name** 1625 Art Unit TOTAL AMOUNT OF PAYMENT (\$) Attorney Docket No. 021153-001400US

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METHOD OF PAYMENT (check all that apply)		-		FEE CA	LCULATION (continued)	
Check Credit Card Money Order Other None	3. ADD	ITIONAL I	FEES I			
Deposit Account:	Large	Entity	Small	Entity	•	
Deposit Account 20-1430	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Number	1051	130	2051	65	Surcharge - late filing fee or oa	ath
Deposit	1052	50	2052	25	Surcharge - late provisional fili cover sheet.	ng fee or
Account Townsend and Townsend and Crew LLP	1053	130	1053	130	Non-English specification	
Name	1812	2,520	1812	2,520	For filing a request for reexami	ination
The Director is authorized to: (check all that apply)  Charge fee(s) indicated below Credit any overpayments	1804	920*	1804	920*	Requesting publication of SIR Examiner action	prior to
Charge any additional fee(s) or any underpayment of fee(s)	1805	1,840*	1805	1,840*	Requesting publication of SIR Examiner action	after
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1251	110	2251	55	Extension for reply within first	month
FEE CALCULATION	1252	420	2252	210	Extension for reply within seco	and month
	-				•	
1. BASIC FILING FEE	1253	950	2253	475	Extension for reply within third	month
Large Entity Small Entity	1254	1,480	2254	740	Extension for reply within fourt	h month
Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	4055	2.040	2055	4.005	Extension for sonly within 66th a	month -
Code (\$)	1255	2,010	2255 2401	1,005 165	Extension for reply within fifth r Notice of Appeal	
1002 340 2002 170 Design filing fee	1401	330 330	2401	165	Filing a brief in support of an a	nneal
1003 530 2003 265 Plant filing fee	1402 1403	290	2402	145	Request for oral hearing	ppear
1004 770 2004 385 Reissue filing fee	1403	290	2403		Petition to institute a public use	. —
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	proceeding	
SUBTOTAL (1) (\$)	1452	110	2452	55	Petition to revive - unavoidable	<del></del>
	1453	1,330	2453	665	Petition to revive – unintention	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issue fee (or reissue)	1330
Fee from	1502	480	2502	240	Design issue fee	<del>                                     </del>
Extra Claims below Fee Paid	1503	640	2503	320	Plant issue fee	
Total Claims -** = X	1460	130	1460	130	Petitions to the Commissioner	
Independent =	1807	50	1807	50	Petitions related to provisional applications	<u> </u>
Multiple x	1806	180	1806	180	Submission of Information Disc Stmt	closure
Dependent  Large Entity Small Entity	8021	40	8021	40	Recording each patent assignr property (times number of prop	
Fee Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$)	1809	770	2809	385	Filing a submission after final r (37 CFR § 1.129(a))	· L.
1202 18 2202 9 Claims in excess of 20	1810	770	2810	385	For each additional invention to	o he
1201 86 2201 43 Independent claims in excess of 3	1010	770	2010	300	examined (37 CFR § 1.129(b))	
1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 ** Reissue independent claims	1801	770	2801	385	Request for Continued Examin (RCE)	nation
over original patent  2205 9 ** Reissue claims in excess of 20	1802	900	1802	900	Request for expedited examination of a design application	ation
and over original patent	Other fe	e (specify)	P	ublication F		300
SUBTOTAL (2) (\$)	Outer le	o (abecily)			ter of 10 copies of issued patent	1 1
**or number previously paid, if greater; For Reissues, see above	*Reduce	ed by Basic	: Filing f	ee Paid	SUBTOTAL (3)	(\$)1660

SUBMITTED BY Complete (if applicable)						
Name (Print/Type)	Joel G. Ackerman	Registration No. (Attorney/Agent)	24,307	Telephone	415-576-0200	
Signature	July -			Date	April 15, 2004	